

**Arizona Department of Revenue • Field Operations**

PO Box 29070 • Phoenix, AZ 85038-9070

Telephone: (602) 716-6785

TAX CLEARANCE APPLICATION**1. Applicant Information:**

APPLICANT NAME

DAYTIME TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

2. Tax Clearance Purpose: *Check only one box.*

CERTIFICATE OF COMPLIANCE FOR DISSOLUTION OR WITHDRAWAL:

☐ Dissolution of Corporation (not applicable to estate, trust, or individual application types)☐ Withdrawal from Arizona (not applicable to estate, trust, or individual application types)

LETTER OF GOOD STANDING:

☐ Sale of Business☐ Personal☐ Residency☐ Other: _____**3. Application Type:** *Check only one box and provide tax identification number(s).*☐ Corporation

Federal Employer I.D. No. _____

☐ S Corporation

OR

☐ Partnership

AZ Transaction Privilege License No. _____

☐ Tax Exempt Organization

OR

☐ Limited Liability Company

AZ Withholding Tax License No. _____

☐ Limited Liability Partnership☐ Estate

Social Security No. _____

☐ Trust

OR

☐ Individual

AZ Transaction Privilege License No. _____

OR

AZ Withholding Tax License No. _____

4. Signature

PRINT NAME

PRINT SPECIFIC TITLE (Corporate Officer, Partner, Individual)

SIGNATURE

DATE

5. Mail application to: Arizona Department of Revenue, Field Operations, PO Box 29070, Phoenix, AZ, 85038-9070. *Be sure to sign the application. Unsigned applications will not be processed. Do not fax the application. Faxed applications will not be processed.*

POWER OF ATTORNEY: If this application is submitted by anyone other than a corporate officer, general partner, or individual (sole proprietor), Arizona Form 285, *General Disclosure/Representation Authorization Form*, is required. Visit our web site at **www.revenue.state.az.us** and click on the *Tax Forms* link to obtain Form 285.